F3 Stakeholders Group Meeting
Tuesday, July 24, 2001
6:30 PM – 9:30 PM

GROUP MEMORY

Discussion: What is a "System of Care"?

- A system of care is a means to access services – a process where needs can be met through community providers together providing care.
- Seamless – a process.
- As a consumer, there is a lack of continuity, with stops and starts and lots of paperwork.
- Without knowledge, as a consumer, it is hard to find things on your own.
- Federal definition: strength-based, needs driven; family involvement; collaboration; individualized and flexible; coordinated; least restrictive, most appropriate; responsive to cultural context.
- A community that does whatever necessary for kids, that doesn't give up on the kids.
- Systems that have worked independently have to talk to each other.
- Communication.
- Strengths of team members' knowledge and expertise is also family strength.
- Identify gaps.
- Seamless – family doesn't know who's doing what or why; family can access services without knocking on a lot of doors.
- Now: categorical – e.g. either probation or not…. coordinated wraparound philosophy fit in here; family is empowered to meet goals.
- If I am an agency, is this "my" family – can access services easily; can access more than one at a time? Fluid.
- Now, because of eligibility criteria, services are segregated into groups.
- Judges may be a barrier; can they prohibit cross over or joint services? Is there a systemic barrier?
- It's a paradigm shift; how to provide resources together?
- Policy and legislative barrier need to be addressed.
- Funding is also a barrier; never have enough, so when one is exhausted, we move into another.
- Cedars has lots of different contracts that divide; e.g. child welfare contract is…limiting; they are very specific about how services are provided.
- Contractor could change the language of the contract so it is seamless, integrated.
- There are pilot programs that allow some flexibility that doesn't exist with most programs.
- Pool funds – one solution; other communities have done this and serve double the population.
- This is why our discussion regarding the target population was so helpful; figure out how to do this with one group, on a smaller scale; Milwaukee wraparound was able to move from S.E.D. children to foster children, now on to….
- If not beyond target population, you end up creating a new "block" that's segregated from others; it seems we need "tracks" for kids, some varied.
- Sort of have that, e.g. Cedars gets kids that have just come out of Kearney.
- Crisis response – no boundaries.
- Intention of grant is to try something different.
- Another group we can bring in is out-of-home kids; the same system can serve both.

- Funding streams – if can get Medicaid to deal differently with this target population; covered services – because of funding.
- At last grant meeting, they've written the Medicaid regulations to include hours of family advocacy or mentoring – options that are not traditional.
- Preventative pieces – it's hugely important to system of care.
- Stop and start – happens because we lack a spectrum of services.
- We have gaps – e.g. have to get in real trouble to get help.
- Direct calls at some point; current budget limits it right now.
- If there were levels of service, could catch early and still provide services to those who have accessed the highest leve of care.
- How do you maintain what you've gained?
- Because of language, culture and trust, others get calls first, e.g. in community service providers and how do they get help, access services?
- Sometimes, in more traditional systems, hard to access.

- **Strength-based, needs driven:**
  - Concept of "strength-based" needs to be taught; need to educate.
  - Existing system is deficit-based; families begin to feel they are all of those deficits.
  - Need a building process for families; retraining of the mind; sometimes a personality trait; a learning process – changing your frame of mind.
  - Existing system is focused on the negative.
  - The idea of families knowing what they need is a new concept.
  - Families have goals and need to be involved in setting their goals.
  - Existing system allows mental illness to identify a person as to who they are.
  - We ask, "What is your problem?" rather than "What is your need?"
  - Needs might not be a "place" – needs still need to be met.
  - Need to be strength-based with each other before we can do this with families.
  - Strength-based goals are ever changing.
  - Identifying strengths needs to be linked with utilizing them – embraced by *entire system*.
  - Use strengths as motivation.
- **Family Involvement:**
  - Need to get families to take responsibility.
  - Families feel they're being listened to more now than in years past.
  - Learning is a process. Families need to be given opportunities to learn, grow.
  - Child is not the only person who needs care.
  - Funding is usually for "child only."
  - Need to look at values of family, build trust, relationships.
  - Team to help families beginning to look at family strengths.
  - What do other children, family members need? Considering them needs to be part of prevention piece.
  - Adult access needs to be looked at along with child access.
- **Collaboration:**
  - A real exchange of information.
  - It needs to include the family.
  - All involved agencies, parties need to talk to each other; ability to facilitate implementation.
  - Collaboration needs to occur at all levels.

- Crisis plan could be used as a preventative measure.
- Access to crisis plan.
- Agencies need to be able to give something up.
- Recognize diversity of our community.
- We're beginning to talk about diversity.
- Need a shared vision to collaborate – "What are we doing?"
- Identify strengths of community and draw from them.
- Need to build trust among persons and between agencies.
- Accountability could be a good measure of success; could drive agencies to collaborate with each other.
- Need executive directors to say, "we will collaborate".
- Needs to happen at all levels.
- It takes a desire to collaborate.
- Need to walk the walk.
- Need to be willing to give in order to get.

- **Individualized, flexible:**
  - Individualized needs – we have three boxes and put them into the best of the three even if it's not the best.
  - Most appropriate: Why? Customize. Not just what I have to give, but what do you need?
  - Assessments should identify needs, not just services – talked about last time.
  - Least restrictive is part of statute; some might say we don't do that, but it is required by statute.
  - Need 24-hour supervision – does that mean a group home is needed, or some other combination of services?
  - Need to look at these things in a different way.
  - Availability of services, or lack of, can lead to more restrictive outcomes.
  - Least restrictive also speaks to the wraparound philosophy.
  - Gaps in services and funding cause problems.
  - Difficult for judges, too; they don't always have less restrictive options available.
  - Trust needed, too; judges need to know support is there.
  - Collaboration is so important because need to gain trust and convince other "systems" (or their representatives) to entrust children to that.
  - Buy-in and shared vision necessary.
  - There are times when you need residential treatment.
  - Need connections outside, too.
  - Multiple ways to use wraparound to serve children and families.

<u>Crisis Response Task Force report</u>:

- Retreat – July 24, 2001
- Crisis responder – qualifications discussed.
- Budget – basically county: phone calls to law enforcement, administrative costs.
- Referral source – primarily through law enforcement.
- Still undecided when we will be up and running.
- Peak times need to be addressed.
- Need to address how cultural competency needs will be met.

- Small number of responders the best: quality of training important, personal contact important; when some faces going out to homes, should not be a stranger each time.
- On-call personnel – law enforcement defined crisis as out of control youth and run-away youth; defuse situation; crisis response will be there to help/prevent.
- Some responses will be handled through phone calls to the Assessment Center.
- Several layers of crisis response.
- Cross training – initially and on-going.

Respite Care report:

- S.E.D. children denied care initially by providers many times.
- Need to provide additional training for providers to deal with S.E.D. children.

Announcement:

August 29-30, 2001 – wraparound training session; Department of Continuing Education; call F3 if interested.